

# Stroke Belt Elimination Initiative 2004 – 2008

## Stroke Belt Community Action Team Plan (SBCAT)

Overview: South Carolina has led the nation in stroke mortality per capita since 1930 and has been called the ‘buckle’ of the Stroke Belt. Hospital costs alone for stroke and other diseases of the heart and blood vessels exceed \$1,100,000,000 annually in our State with a total cost of more than \$3 billion each year. Thus, stroke and heart disease exert an enormous health and economic toll on South Carolinians with a disproportionate share of the burden in African Americans. Not only is stroke more common in African Americans, it often strikes 10 – 20 years earlier in life with more devastating consequences for families and communities.

In 2004, the U.S. Department of Health and Human Services funded three applications to develop and test models for addressing the burden of stroke in the Southeast, especially among African Americans. The main objective of the award is to focus existing resources to reduce and control risk factors for stroke and to ensure that individuals with stroke symptoms receive prompt and effective medical attention. Stakeholders in the process include but are not limited to community (family) health centers, community action agencies, formal and informal community leaders, churches, civic groups, state and local government, businesses, and other like-minded individuals and groups.

South Carolina received one of the three awards issued to address stroke with a focus on the four county region including Berkeley, Charleston, Dorchester and Orangeburg.

### The four-year goals are to:

1. Reduce stroke mortality by 15% among African Americans (AA)
2. Reduce emergency visits and hospitalization for hypertension by 50% in AA

### The goals are being addressed through two main approaches:

1. Healthy lifestyles (nutrition and exercise)
2. Access to medical care (medical home) and prescription medications

These broad goals recognize that there are many pressing health needs of citizens throughout the region. Therefore, the goals of the SBEI must coincide and support the efforts of other health initiatives in order to achieve mutual and complementary aims. Healthy lifestyles and an effective medical home represent the basis for promoting health and for preventing and treating a variety of chronic diseases.

The Stroke Belt Community Action Team (SBCAT), comprised of stakeholders noted above, met four times between September 25, 2004, and August 24, 2005 to develop and refine the SBCAT Plan. The Plan is to be shared and implemented through the County Action Teams in each of the four participating counties.

Five Workgroups of the SBCAT convened during the 2<sup>nd</sup> – 4<sup>th</sup> meetings of the SBCAT and at other times to develop the Mission, Objectives, Strategies, Activities, and Strategic Analyses in 5 key areas. These Workgroups include:

- i. Infrastructure
- ii. Education and Awareness
- iii. Lifestyle Intervention
- iv. Access to Care and Medications
- v. Advocacy

A 6<sup>th</sup> group, Program Evaluation, is available to assist the other 5 Workgroups in assessing the process, impact and outcome objectives. The members of the SBCAT Workgroups are provided on page 14. The recommendations of the 5 Workgroups are summarized in this document.

The SBCAT believes this Community Action Plan is a good beginning to address the burden of hypertension and stroke in the quad-county region, yet much more needs to be done. During 2006, the SBCAT will work together with the County Action Teams to adapt and implement the plan at the local level and work to secure additional resources that are required for success. During 2007 – 2008, the SBCAT will assist in evaluating the process and impact of the programs that were implemented and work to sustain the collaborative relationships and to secure the necessary resources.

The Stroke Belt Elimination Initiative and all members of the Stroke Belt Community Action Team are committed to the long-range goal of facilitating the transition of our region from “*a leader in cardiovascular disease to a model of cardiovascular health.*” This is a long-range goal worthy of our best efforts. Through the promotion and implementation of healthy lifestyles and ensuring that all of our citizens have an effective medical home and access to necessary prescription medications, we can take a major step forward in becoming the model of cardiovascular health.

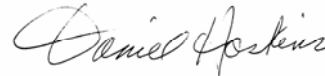
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Andre Stanley, Group Leader  
Donna Jordan, Resource Liaison

Barbara Brooks  
Brent M. Egan  
Arthur Kennedy  
Michele James  
Lee H. Moultrie, II  
Calvin Wright

### **Evaluation Workgroup**

Barbara Grice, Group Leader  
Brent M. Egan, Resource Liaison

Sara Harden Ballard  
Colleen Browne  
Marilyn Laken  
Nancy Olson  
Sabra Slaughter

Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 1: Infrastructure**

**Mission:** Seek input from the community on education, economic development and communication related to stroke prevention.

**Key Objective:** Educate adults at risk of stroke about stroke prevention, recognizing symptoms, appropriate emergency response to stroke and blood pressure control.

**Strategy 1. Stroke Prevention, Education, & Screening.**

- a. Increase health education opportunities for seniors at risk
- b. Improve communication systems broadly related to preventing stroke
- c. Expand the number of those at risk who have the tools for measuring blood pressure
- d. Increase health education for youth

**Activities:**

- a. Improve lifestyle to prevent hypertension and other stroke risk factors
- b. Motivate adults to adopt healthy lifestyles and get primary care for stroke prevention
- c. Encourage schools to add a health component including nutrition and physical activity to reduce obesity and other risk factors for stroke and heart disease

**Strategy 2. Acute stroke response.**

- a. Ensure that youth and adults respond appropriately to acute stroke symptoms, i.e., contact EMS
- b. Ensure rapid response of EMS teams to individuals with stroke symptoms
- c. Timely transport of individuals with stroke symptoms to a health facility that can promptly evaluate and treat acute stroke

**Strategy 3. Professional healthcare development.**

- a. *Short term:* Enhance cultural sensitivity of current healthcare professionals
- b. *Long term:* Increase supply of health care professionals that reflect the makeup of the community served with a focus on increasing the pool of minority individuals selecting health careers

**Activities:**

- a. Secure appropriate incentives to retain health care professionals that reflect the ethnic composition of the community
- b. Recruit / retain professionals of color.
- c. Partner with existing advisory groups working with colleges and universities to ensure that healthcare providers in training develop skills in cultural competence.

**Strategy 4: Decentralizing healthcare services.**

- a. Examine the feasibility of decentralizing preventive healthcare services (including establishing new clinics), especially for the rural community, which include promotion of healthy lifestyles

**Activity:**

- a. Increase use of mobile health care units in rural areas

**Strategy 5: Economic development.**

- a. Enhance economic development infrastructure improvement and education

**Activity:**

- a. Develop a countywide autonomous group made up of health professionals, educators, city government, religious, community, and others, to determine the best mechanisms for reaching the outlined goals and objectives set for the infrastructure workgroup

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

Each item has three scores.

1. The first score indicates how likely it is that the item will come into play as you work to reach the key objective.
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### **Probability of Success: Interpreting the Graph**

The final graph shows your likelihood of success given the identified strengths, weaknesses, opportunities and threats and their estimated impact.

The center of the graph where both lines cross is '0' or 'no impact'. The end of each arm is '5' or 'strong impact'.

Each strength, weakness, opportunity and threat is represented by a numbered blue dot placed on the appropriate arm of the graph at the location of its average score.

Strengths and weaknesses pull against each other on the horizontal or 'X' arm of the graph.

Opportunities and threats pull against each other on the vertical or 'Y' arm of the graph.

The averages for the horizontal (X) and vertical (Y) arms are written in the top left corner and determine the location of the pink dot.

The pink dot indicates how likely your key objective is to succeed. If the pink dot is well into the upper right quadrant of the graph (between strengths and opportunities), you are highly likely to succeed in reaching your objective.

If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# **Stroke Belt Elimination Initiative Infrastructure Workgroup 1**

## **Key Objective**

Educate adults at risk of stroke about stroke prevention, recognizing symptoms, appropriate emergency response to stroke and blood pressure control.

# Infrastructure SWOT Analysis: Key Objective - Strengths

<u>Strengths / Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Heart and Soul has documented success. We use this model	5	4	<b>4.5</b>
<b>S2.</b> Community Health Centers (education)	2	5	<b>3.5</b>
<b>S3.</b> AHA/ASA, ACS, DHEC	2	4	<b>3.0</b>
<b>S4.</b> Community Action Agency, Head Start, Tri-County Black Nurses, Value Medical, MUSC, USC,	2	5	<b>3.5</b>
<b>S5.</b> HBCUs, Public Schools	2	5	<b>3.5</b>
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	<b>3.5</b>

# Infrastructure SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Limited resources may not reach all the people	4	4	<b>4.0</b>
<b>W2.</b> Lack of information on the best approach to education	4	4	<b>4.0</b>

# Infrastructure SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> May move people from inaction to action	3	4	<b>3.5</b>
<b>O2.</b> Potential to reach many people in need	4	3	<b>3.5</b>
<b>O3.</b> Educate elected officials to change policies and increase funding	2	5	<b>3.5</b>
<b>O4.</b> Get buy-in from other community groups to finance / support education efforts	3	4	<b>3.5</b>
<b>O5.</b> Build trust between community and healthcare system	4	4	<b>4.0</b>
<b>O6.</b> Senior centers and Child Development Centers	2	5	<b>3.5</b>
<b>O7.</b> Chamber of Commerce, Rotary, Lion's, other private, civic-minded groups	2	5	<b>3.5</b>

# Infrastructure SWOT Analysis: Key Objective - Threats

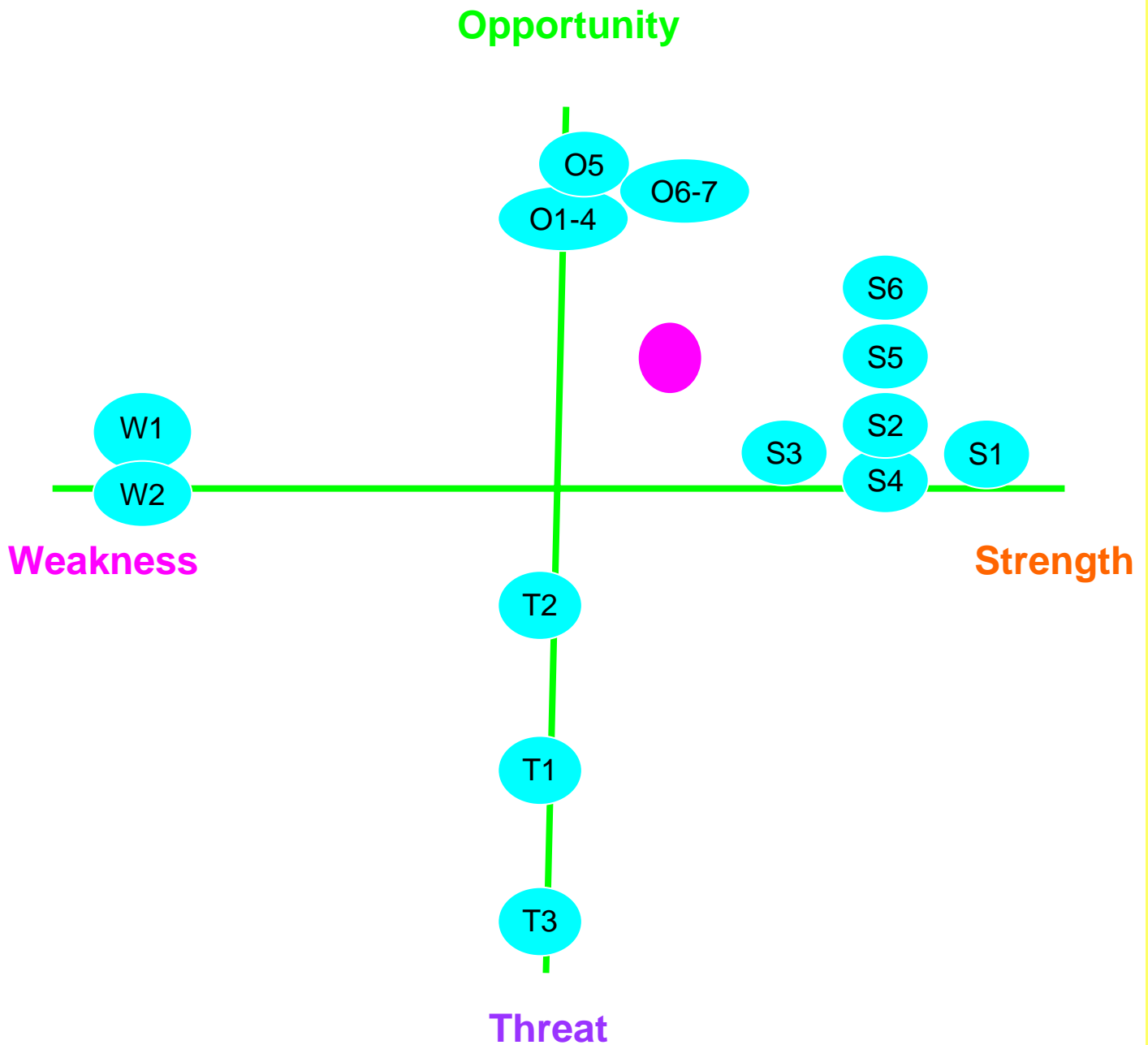
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Community groups have not agreed on educational approaches	2	3	<b>2.5</b>
<b>T2.</b> Grant gets cut further	1	1	<b>1.0</b>
<b>T3.</b> Community members drop out of this initiative	3	5	<b>4.0</b>

# SWOT: Probability of Success

S & W = X = 1.7

O & T = Y = 1.85

Objective likely to succeed ●





# Notes



# Appendices



# Breakout Work Sheets

## Session I – January 28, 2005

### Infrastructure Group

**Infrastructure issues** (seek input and identify what is important to the community, assess needs, assess barriers, gather opinions of community leaders, spiritual leaders, and elected officials, public. Determine focus, cost analysis, and develop sustainable program).

**I. Group Members: Infrastructure Issues**

- 1. Debbie Bryant
- 2. Geneva Fleming
- 3. Daniel Hoskins      **Resource Liaison**
- 4. Dorothy McCray
- 5. Michelle Sears      **Facilitator**
- 6. Diane Wilson

**Assignment:**

1. Select a group leader and a recorder. (Group leader will facilitate discussion and report results)
2. Seek to determine the following:
  - a. Top 2 infrastructure needs (focus)
  - b. Determine barriers to addressing top 2 needs (include how to determine cost)
  - c. Determine ways to overcome barriers
  - d. Determine ways to sustain alternative program
3. Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a. Which agency or group will be lead for implementation, b. What person will lead this program initiative, and c. List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: **Dorothy McCray**

Phone: **843-899-1186**

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

## Report Sheet (Pass in to Coordinator)

1. Select Group Leader and recorder: Dorothy McCray Group Leader  
John Ross Recorder

2. Seek to determine the following:

A. Top 2 Infrastructure needs (focus)

1. Education / Communication (Culturally driven)

2. Economic Development (transportation, medication)

B. Determine barriers to addressing top two needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Medication	Health centers	Move monies
2. Transportation	Medicare	
3. Cost		
4.		
5.		
6.		

C. Determine ways to overcome barriers

Determine barriers	Identify current resources	Identify needed resources
1. Going to government officials		
2. Schools education		
3.		
4.		
5.		
6.		

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Government funding		
2. Dental officials		
3. Culture differences		
4.		
5.		
6.		

3. Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

A. Education on hypertension and stroke

Improve the school based health systems.

Cultural change through education.

B. Early detection and referral for hypertension and stroke

The improved economy brings more health centers.

The improved education - - improves physicians visits.

C. Promote healthy lifestyle  
The school-based education improves students/parents.  
The economic development brings medication cost.

D. Enhance B/P control to 70% of treated patients  
The increase in money from economic development brings better resources, medication, and communication.

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: Dorothy McCray Phone: 843-899-1186

Barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

# Infrastructure Issues Work Sheet

## Session II – June 17, 2005

**Infrastructure issues** (seek input and identify what is important to the community, assess needs, assess barriers, gather opinions of community leaders, spiritual leaders, and elected officials, public. Determine focus, cost analysis, and develop sustainable program).

### I. Group Members: Infrastructure Issues

Debbie Bryant

Geneva Fleming

**Daniel Hoskins**

**Dorothy McCray**

Michelle Sears

Diane Wilson

**Resource Liaison/Recorder**

**Group Leader**

### Assignment:

1. Seek to determine the following:
  - a. Top 2 infrastructure needs (focus)
  - b. Determine barriers to addressing top 2 needs (include how to determine cost)
  - c. Determine ways to overcome barriers identified in "b"
  - d. Determine ways to sustain alternative program
2. Identify how each of the four core objectives will be affected by this intervention(s).

### Core Objectives:

- a. Education on hypertension and stroke
  - b. Early detection and referral for hypertension and stroke
  - c. Promote healthy lifestyle
  - d. Enhance B/P control to 70% of treated patients
3. Determine: a.) Agency or group to be lead for directing the overall implementation of these identified strategies, b.) Determine what person from this agency will coordinate this effort, and c.) List barriers you see to moving forward.

## Report Sheet (Pass in to Coordinator)

Group Leader and Recorder: **Dorothy McCray - Group Leader** **Daniel Hoskins - Recorder**

Seek to determine the following:

- A. Top 2 Infrastructure needs (focus)
  - 1. Education / Communication (health and physical education, vending machines content, community collaboration in school system)
  - 2. Economic Development (transportation, water, sewer, medical facilities access, etc.)

B. Determine barriers to addressing top two needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Medication (compliance gap)	1. Health centers (centralized)	1. New money
2. Transportation (over burdensome on patients)	2. Medicare (insurance coverage)	2. Decentralization of health care services.
3. Cost (percent of low-income individuals – under insured – uninsured)	3. Federal funding - CHC, county works	3. More effective communication channels (what and how to's)
4.	4. Tax base (insufficient)	4. Government facilitated employment system for welfare recipients, etc. 5. Support from service clubs (Elks, Lions, Rotary, etc.) 6. Increased supply of health professionals. 7. Expanded first response system (EMS)
5.	5.	8. Greater access to tools for testing hypertension.

- 1. General awareness of resources (availability and access to)
- 2. Will to use resources.
- 3. Inability to help self.
- 4. Lack of trust and degree of fear (from centers and community)
- 5. Overwhelmed by regression into condition.
- 6. Lack of support network (private and family).
- 7. Low literacy (adult and youth).
- 8. A degree of hopelessness due to circumstances (drop out).
- 9. Quality of follow up by truancy system. (load? Area?).
- 10. Transit nature of a percent of people.
- 11. Lack of respect for patients rights.
- 12. Trust of doctor's decision.
- 13. Patient/provider communication gap (openness).
- 14. Stigma attached to community health care center (confidentiality factor of non privacy in the community)

Specific barrier concerning – school system use of vending machines.

- 1. Quality of vending machines content.
- 2. Economics (income for schools in making up short funds from school district).
- 3. Infiltration of fast food venders.

4. Lack of true concern for health (school board/school district).
5. Lack of control in learning quality decision making
6. Food preparation methods may be lacking in quality.
7. Lack of collaborative cooperation (parents, school, school board, agencies, community groups (churches)).

Specific barrier – Physical education

1. Stopped by school district and school board as mandatory.
2. Returned as an elective course.
3. Not a required course earlier (elementary, middle, high school).
4. Lack of knowledge of use of recess and structured P.E.
5. Lack of encouragement by counties to be physically active.
6. Environment does not encourage physical activity.
7. Provider reinforcement of need for physical activity (influence the taking of action).
8. Lack of knowledge and motivation to except responsibility to establish ministries (organizations to bring about solutions).

C. Determine ways to overcome barriers

Determine barriers to overcoming barriers determined in "B"	Identify current resources	Identify needed resources
1. Going to government officials/redirection of funds	1. Community leaders, church groups	1. Mobile health care unit (s)
2. School based health education (mandatory – daily)	2. Community Health Centers 3. Public and private schools 4. Legislators, health professionals and educators. 5. Health agencies (DHEC, ACS, AHA, etc.) 6. Local and state private funding sources	2. Stronger advocates in key decision making positions 3. More partnering (public and private sector)
3. Reviewing of Charter Schools concept and their impact on public school funding.		
4. Sustaining the presence of permanent health care facilities in rural areas		

Possible solution: Create jobs program for welfare and low-income families – Provided and managed by the state to build into county infrastructure for health and economic development.

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Funding	1. Federal, State, and local tax base	1. Activation of independent advocacy for reallocation of current funds and for the identification of new funds
2. Total health care facilities	2. Private funding sources and education lottery	2. Increased health education for youth and seniors
3. Cultural competency	3. School system	3. Structured curricula and

	administration	communication of community needs that increases cultural competency among leaders. (health, education, legislators, with follow-up for compliance and impact. (non threatening with an avoidance of head on confrontation if possible,))
4. Health and physical education mandated by school system and government	4. Senior center services (food, clothing, etc.)	
5.	5. Higher education institutions (MUSC, USC, HBCUs, etc.) continuing medical education and other continuing education opportunities	

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- A. Education on hypertension and stroke
  - 1. Improve the school based health systems (awareness of cause and effect).
  - 2. Cultural change through education.
  
- B. Early detection and referral for hypertension and stroke
  - 1. Improved economic development brings more interaction with the health care system.
  - 2. Improved education - improves physicians/patient relationships.
  
- C. Promote healthy lifestyle
  - 1. Improved school-based health and physical education improves students, parents, and school official's attitudes and behavior towards a healthier lifestyle.
  - 2. Improved economic development increases a person's ability to afford and be involved in total health care.
  
- D. Enhance B/P control to 70% of treated patients

An increase in awareness and income from education and economic development brings better resources and the ability to comply.

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: It is recommended that: A state wide agency, autonomous to the health care, school or government system be recruited to pursue these strategies. (National Baptist Deacons Convention – SC chapters, African Methodist Episcopal Church 7<sup>th</sup> Episcopal District, etc.)

Leaders Name: Dorothy McCray

Barriers: Recruitment of such an agency.

# Infrastructure Workgroup

## Session III – August, 12 2005

### Goal

Seek input and identify what is important to the community as related to stroke prevention.

#### Objective

Increase health education for seniors at risk

#### Objective

Expand the number of those at risk who have the tools for testing hypertension.

#### Objective

Expand first response teams to reach victims sooner and take them to a health facility that treats stroke.

#### Objective

Create an effective communication system related to stroke prevention.

#### Objective

Increase supply of health care professionals that reflect makeup of the community served.

##### Strategy

###### Activity

Start Date:

End Date:

Secure funds to retain health care professionals that reflect educational background.

###### Activity

Start Date:

End Date:

Partner with colleges and universities and provide ongoing support and a commitment to health care providers to enhance their skills.

#### Objective

Increase health education for youth.

##### Strategy

###### Activity

Start Date:

End Date:

Encourage schools to add a health component as well as physical education to become more aware of the causes of stroke and encourage healthier lifestyle choice.

#### Objective

Decentralize health care services to further decentralize in rural areas.

##### Strategy

###### Activity

Start Date:

End Date:

Increase number of mobile health care units in rural areas.

#### Objective

Enhance economic development infrastructure improvement and education.

##### Strategy

Develop a countywide autonomous group made up of health, educators, city government, religious community, and others, to determine the best mechanisms for reaching the outlined goals and objectives set for the infrastructure workgroup.

Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 2: Education & Awareness**

**Mission:** Support culturally appropriate community education on stroke risk, prevention, symptoms, screening, and referral.

**Key Objective:** Identify and develop, where appropriate, tools to raise awareness and educate community members of all ages, genders, and educational levels.

**Strategy 1: Stroke Elimination Through Culturally Appropriate Tools**

- a. Assess what culturally appropriate tools currently exist in the 4-county areas on stroke prevention, education, screening, etc. signs and symptoms of stroke, blood pressure basics, results of uncontrolled blood pressure, 911, medications including thrombolytic therapy. Access to medications and patient assistance programs.
  - i. Minimize use of printed brochures. Those used should be culturally appropriate and written at reading levels of participants.
  - ii. Maximize use of simplified video teaching tape modules.

**Activities:**

- a. Compile list of resources offered through the follow sources
  - i. Hospital community education and outreach
  - ii. DHEC, community health centers, pharmaceutical companies,
  - iii. Programs, faith groups, senior centers, schools, and agencies health programs
  - iv. Internet
- b. Compile eligibility criteria, target audience, cost, contact person and application process
- c. Develop method of disseminating information to residents of 4 county target area
  - i. Media
  - ii. Onsite
  - iii. Computer list-serve
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI List-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 2: Stroke Elimination Through Train the Trainer Models**

- a. Develop, or adopt and conduct train the trainer models to provide stroke prevention education on the following topics

**Activities:**

- a. Get approval to use American Heart Association, SBEI Train the Trainer and other models;
- b. Determine persons who will recruit trainee and venue
  - i. Senior centers

- ii. Faith groups
- c. Conduct training session
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI List-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 3: Stroke Elimination Through Eliminating Barriers and Closing Gaps**

- a. Identify the gaps and barriers to understanding stroke information.

**Activities:**

- a. Compile list of barriers and gaps identified by researchers, the SBEI partners, providers, CDC, NIH, DHEC data
- b. Determine what barrier(s) can be addressed and net greatest, demonstrable, benefits
- c. Determine what services SBEI partners are providing and how their work can be enhanced by collaborating with SBEI partners
  - i. Collect 1 page profile of each program
  - ii. Develop a calendar of program events that shows target audience and goals
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI list-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 4: Stroke Elimination Through Existing Model and Methods**

- a. Adopt approved manipulative, interactive teaching models from SBEI partners, local and national health care entities
- b. Administer pre and post tests to measure knowledge acquired
- c. Survey participants to determine how knowledge will be used

**Activities:**

- a. Establish a process to and designate persons to collect model from the following programs
  - i. MUSC College of Nursing clogged arteries
  - ii. National Heart Lung, and Blood Institute DASH diet plan
  - iii. National Heart, Lung, and Blood Institute model for lowering blood pressure
  - iv. Stroke Belt Elimination Initiative Dash for Good Health Southern Style cookbook, audio visual programs, etc.
  - v. Heart & Soul 'Salt 099'
  - vi. FAST method for determine if someone has suffered a stroke
- b. Develop a strategy for teaching SBEI partners and other presenters how to use models
  - i. Develop a system of creating opportunities to teach participant base for SBEI Partners
  - ii. Senior centers
  - iii. Community centers
  - iv. Family reunions
  - v. Schools
  - vi. Faith, civic and social organizations

- vii. Health care workers
- c. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SEBI list-serve
  - iv. Telephone
  - v. Establish timeframe and benchmarks
  - vi. Evaluate results

**Strategy 5: Stroke Prevention Through Incentives to Participate**

- a. Develop a storehouse of appropriate incentives a system for rewarding and recognizing successful participants and SEBI Partners

**Activities:**

- a. Partner with pharmaceutical companies and hospitals
- b. Grants for SBEI partners to purchase incentives
- c. Host recognition programs in each county
- d. Highlight success through media coverage
- e. Develop and use logo on billboards and all materials

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

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If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# Stroke Belt Elimination Initiative Education & Awareness: Workgroup 2

## **Key Objective**

Identify and develop, where appropriate, tools to raise awareness and educate community members of all ages, genders, and educational levels.

# Education & Awareness SWOT Analysis: Key Objective - Strengths

<u>Strengths/Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Comprehensive in its approach	3	5	4
<b>S2.</b> Community Health Centers (education)	2	5	3.5
<b>S3.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS, AHEC	2	4	3.0
<b>S4.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical	2	5	3.5
<b>S5.</b> MUSC, USC, HBCUs, Public Schools	2	5	3.5
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	3.5
<b>S7.</b> Community Development Corporation	2	5	3.5

# Education & Awareness SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Not enough volunteers to work evenings and weekends	4	4	4
<b>W2.</b> Insufficient integration and management of existing resources	5	4	4.5

# Education & Awareness SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> Identify volunteers and new leaders in stroke prevention	3	5	4
<b>O2.</b> Form new partnerships with communities	5	5	5
<b>O3.</b> Great potential to reach many people in need	4	5	4.5
<b>O4.</b> Inclusive of everyone of all demographic groups	5	5	5

# Education & Awareness SWOT Analysis: Key Objective - Threats

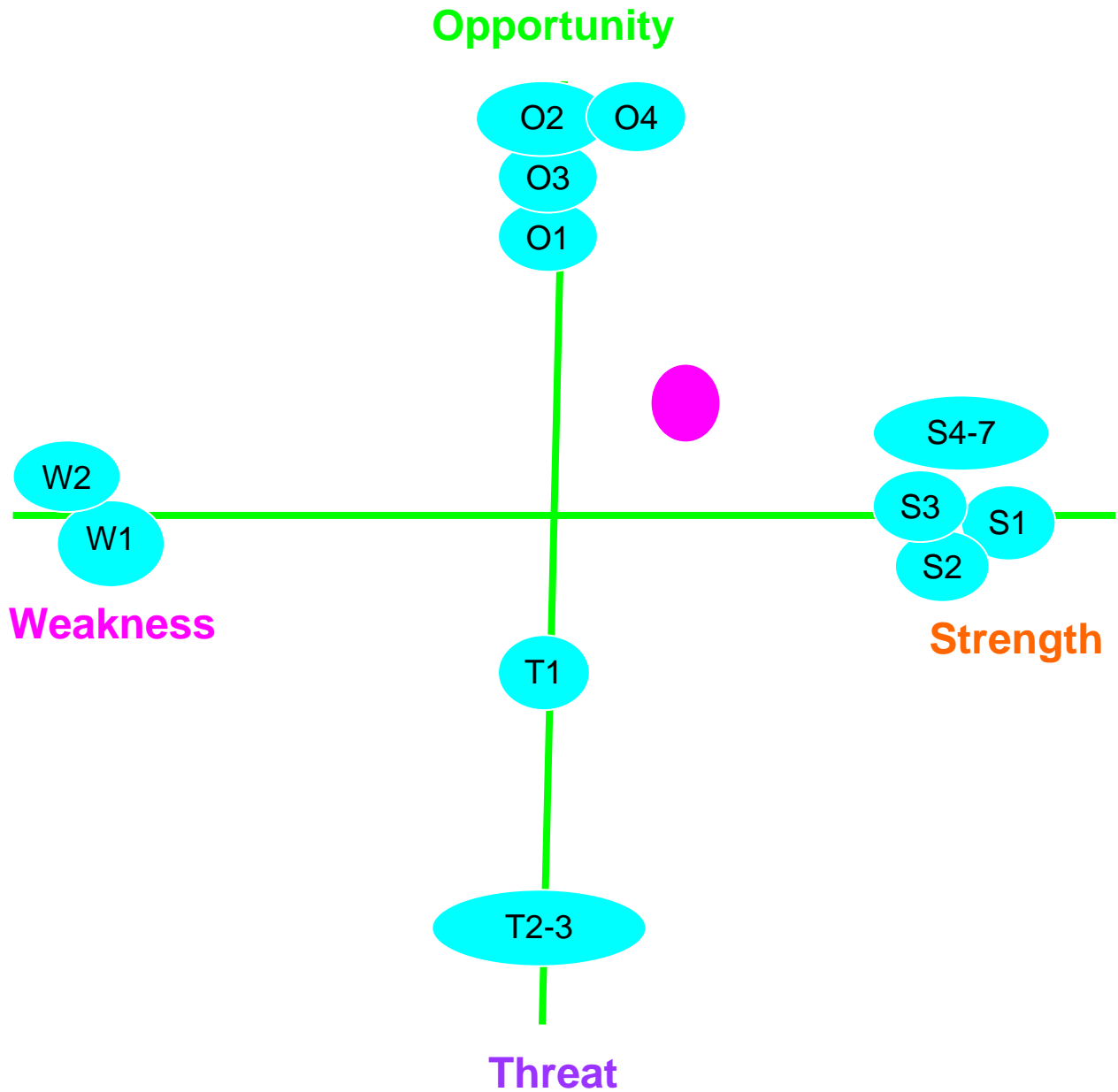
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Potentially funding cuts reduce resources	1	2	<b>1.5</b>
<b>T2.</b> Failure to get community buy in	3	5	<b>4</b>
<b>T3.</b> Lack advocacy to deliver resources to people in need	4	4	<b>4</b>

# SWOT: Probability of Success

S & W = X = 1.7

O & T = Y = 1.85

Objective likely to succeed ●



# Notes



# Appendices



## Breakout Work Sheet

### Session I – January 28, 2005

### Education & Awareness Group

**Education & Awareness** (consider culture of individuals, review available tools and resources, develop tools, determine method of distribution, tailor message for community, delivery of message, create speakers bureau, assess barriers, create a budget, and develop realistic and sustainable programs).

**I. Group Members: Education & Awareness**

- 1. R. Delores Gibbs
- 2. Pearl Edwards
- 3. Virginia Milton
- 4. **Rosetta Swinton**                      **Resource Person**
- 5. **Betsy Whaley**                        **Facilitator**
- 6. Carrie Whipper
- 7. David Rivers
- 8. Glenn Fleming

**Assignment:**

- 1. Select a group leader and a recorder. (Group leader will facilitate discussion and report results)
- 2. Seek to determine the following:
  - a. Top 3 barriers to address that hinder access to education (focus)
  - b. Determine barriers to addressing these barriers (include how to determine cost)
  - c. Determine ways to overcome barriers
  - d. Determine ways to sustain alternative program
- 3. Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a. Which agency (s) or group (s) will be lead for implementation, b. Identify what person will lead this program initiative, and c. List barriers you see to moving forward.

Agency: Palmetto Project

Leaders Name: Steven Skardon

Phone: 577-4211

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1. Literacy		
2. Awareness of needs		
3. Access to info / resources		

## Report Sheet (Pass in to Coordinator)

1. Select Group Leader and recorder: \_\_\_\_\_

2. Seek to determine the following:

A. Top 3 barriers to address that hinder access to education (focus)

1. Literacy
2. Awareness of needs
3. Access to resources and information

B. Determine barriers to addressing top three needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Inappropriate media		
2. Poverty		
3. Messenger /trust factor		
4. Literacy		
5.		
6.		

C. Determine ways to overcome barriers

Determine barriers	Identify current resources	Identify needed resources
1. Inappropriate media		
2. Poverty - global		
3. Messenger – traditional medicine, genuine, community driven		
4. Literacy - global		
5.		
6.		

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Community needs to buy into and incorporate into community values		
2.		
3.		
4.		
5.		
6.		

Identify how each of the four core objectives will be affected by this intervention(s).

### Core Objectives:

- A. Education on hypertension and stroke
  - i. Community ownership

B. Early detection and referral for hypertension and stroke

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C. Promote healthy lifestyle

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D. Enhance B/P control to 70% of treated patients

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Determine: a). Which agency or group will be lead for implementation b). What person will lead this program initiative and c). List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

# Education & Awareness Work Sheet

## Session II – June 17, 2005

**Education & Awareness** (consider culture of individuals, review available tools and resources, develop tools, determine method of distribution, tailor message for community, delivery of message, create speakers bureau, assess barriers, create a budget, and develop realistic and sustainable programs).

### I. Group Members: Education & Awareness

R. Delores Gibbs	
Pearl Edwards	
Virginia Milton	
<b>Rosetta Swinton</b>	<b>Resource Liaison</b>
Betsy Whaley	
<b>Carrie Whipper</b>	<b>Group Leader</b>
<b>Daniel Hoskins</b>	<b>Recorder</b>

### Assignment:

1. Seek to determine the following:
  - a. Top 3 barriers to address that hinder access to education (focus)
  - b. Determine barriers to addressing these barriers (include how to determine cost)
  - c. Determine ways to overcome barriers identified in "b"
  - d. Determine ways to sustain alternative program
2. Identify how each of the four core objectives will be affected by this intervention(s).

### Core Objectives:

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a.) Which agency (s) or group (s) will be lead for implementation, b.) Identify what person will lead this program initiative, and c.) List barriers you see to moving forward.

Report Sheet (Pass in to Coordinator)

Group Leader and Recorder: Carrie Whipper – Group Leader Daniel Hoskins – Recorder

Seek to determine the following:

A. Top 3 barriers to address that hinder access to education (focus)

1. Literacy/poverty
2. Awareness of needs (cause and effect)
3. Access to resources and information (consistent availability) appropriated forum

B. Determine barriers to addressing top three needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Inappropriate media-cost-mortality-morbidity-disability	DHEC, ACS, AHA, ALA, CDC&P	1. Inclusion of local people in design process for all media
2. Poverty (decrease the impact)	SCAHTA, SCPHCA, DSS, CDC, SSI	2. Job, local government, flanking political strategy
3. Messenger /trust factor	MUSC, HBCUs, USC, etc.	3. Better balance in volunteer -vs- compensated help (religious groups and other organizations).
4. Literacy (expanded)	Trident United Way and State Department of Education	4. A sensitive search and screening process

C. Determine ways to overcome barriers

Determine barriers to overcoming barriers determined in "B"	Identify current resources	Identify needed resources
1. Time, resources availability and access on part of community residents	DHEC, ACS, AHA, ALA, CDC&P, Local Churches	1. Vouchers, gratuity, stipend, other incentives. Create ownership environment for community participation
2. Availability of services to address jobs and preparation for work (lack of advocacy for this type service from the community, business community and community organizations)	SCAHTA, SCPHCA, DSS, CDC, SSI, HUD, USDA, Local Churches	2. Maximize use of current resources and recognition for agencies (resource). Provide success stories, increase shadowing /mentoring opportunities.
3. Cost of compensation and resistance of public	SCAHTA, SCPHCA, DSS, CDC, SSI, HUD, USDA, Local Churches	3. Advocacy for self evaluation by resource agencies as it relate to impact on their constituencies.
4. Receptiveness of the responsible resource agencies	SCAHTA, SCPHCA, DSS, CDC, SSI, HUD, USDA, Local Churches	4. User friendly presentation of facts on literacy and its impact on Hypertension and stroke.

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Lack of community buy in to program and its ability to incorporate community values	Ongoing efforts of community groups (CAAs, CHC, Head Start, etc)	Collaborative development, adoption and ownership by current local and state agencies and groups

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- A. Education on hypertension and stroke  
Community ownership (access to current and exposure to technology on constant basis in forums that are natural)
- B. Early detection and referral for hypertension and stroke  
Knowledge and increased access opportunities should lead to action.
- C. Promote healthy lifestyle  
Knowledge and increased access opportunities should lead to action.
- D. Enhance B/P control to 70% of treated patients  
Knowledge and increased access opportunities should lead to action.

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: Palmetto Project - Steven Skardon

Leaders Name: Carrie Whipper

Barriers:

# Education and Awareness Workgroup

## Session III – August 12, 2005

### Goal

*Education and Awareness Workgroup*

Support culturally appropriate community education on stroke risk, prevention, symptoms, screening, and referral among African Americans.

### Objective

*Develop tools*

Develop appropriate tools to raise awareness and educate community members of all ages, genders, and educational levels.

### Strategy

*Reach all segments of the community with education messages*

Identify barriers to understanding information on stroke and take these into consideration in developing educational programs. Spread education to everyone, where they live, pray, work, learn, etc. Advocate on behalf of those who do not have access to information.

<b>Threat</b>	Likelihood: 1	Impact: 2
<i>Potential for funding cuts reduces resources</i>		
<b>Threat</b>	Likelihood: 3	Impact: 5
<i>Failure to get community buyin</i>		
<b>Opportunity</b>	Likelihood: 3	Impact: 5
<i>Identify volunteers and new leaders in stroke prevention</i>		
<b>Strength</b>	Likelihood: 4	Impact: 5
<i>Have great potential to reach many people in need</i>		
<b>Weakness</b>	Likelihood: 4	Impact: 4
<i>Not enough volunteers to work on weekends</i>		
<b>Strength</b>	Likelihood: 5	Impact: 5
<i>Inclusive of everyone</i>		
<b>Strength</b>	Likelihood: 5	Impact: 5
<i>comprehensive in its approach</i>		
<b>Weakness</b>	Likelihood: 5	Impact: 4
<i>Insufficient resources to provide everything needed</i>		
<b>Opportunity</b>	Likelihood: 5	Impact: 5
<i>Form new partnerships with communities</i>		



Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 3: Lifestyle Intervention**

**Mission:** Promote good nutrition and physical activity.

**Key Objective:** Develop sustainable culturally-sensitive tools to enhance adoption of healthy lifestyle themes in the community.

**Strategy 1: Education**

- a. Gather input from community, leadership team and research
- b. Evaluate and develop tools, where appropriate, based on input from the community, leadership team and utilize tools with documented effectiveness. This will lead to better methods to inform the public about stroke prevention.

**Activities:**

- a. Host community forums with tools available for their input
- b. Review scientific literature to identify effective tools
- c. Advisory team meetings to review tools
- d. Meeting of Leadership Team to review tools

**Strategy 2: Community priorities and expectations**

- a. Identify expectations of the community and the funding agency to prioritize the activities for each community
- b. Seek input from community and grantee to reach consensus
- c. Develop consensus on priorities leading to awareness of stroke prevention and enhancing buy-in from all partners in order to increase chances of sustainability

**Activities:**

- a. County Action (Leadership) Team to meet with community members in each county. Seek input and provide feedback to leadership group and community members
- b. Prepare Memorandum of Understanding (MOU) for each county action team outlining consensus
  - i. MOU outlines community expectations such as resources, planning of activities, etc. and expectations of grant for community participation like volunteers for training, speakers, etc. for each local community action team. This is ongoing.

**Strategy 3: Community interventions**

- a. Tailor community interventions such as health information, DASH cookbook, videos, etc.

**Activities:**

- a. Test the effectiveness of tools
  - i. Pre-test with a group of community people
  - ii. Pre-test for cultural sensitivity and meaning
- b. Promote healthy lifestyles through more effective tools
- c. Test the knowledge of the community about stroke
- d. Identify community events in which to use tools

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

Each item has three scores.

1. The first score indicates how likely it is that the item will come into play as you work to reach the key objective.
2. The second score indicates how much impact the item will have on your ability to reach the key objective.
3. The third score is an average of the other two.

### **Probability of Success: Interpreting the Graph**

The final graph shows your likelihood of success given the identified strengths, weaknesses, opportunities and threats and their estimated impact.

The center of the graph where both lines cross is '0' or 'no impact'. The end of each arm is '5' or 'strong impact'.

Each strength, weakness, opportunity and threat is represented by a numbered blue dot placed on the appropriate arm of the graph at the location of its average score.

Strengths and weaknesses pull against each other on the horizontal or 'X' arm of the graph.

Opportunities and threats pull against each other on the vertical or 'Y' arm of the graph.

The averages for the horizontal (X) and vertical (Y) arms are written in the top left corner and determine the location of the pink dot.

The pink dot indicates how likely your key objective is to succeed. If the pink dot is well into the upper right quadrant of the graph (between strengths and opportunities), you are highly likely to succeed in reaching your objective.

If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# Stroke Belt Elimination Initiative Lifestyle Intervention Workgroup 3

## **Key Objective**

Develop sustainable, culturally-sensitive tools to enhance adoption of healthy lifestyle themes in the community.

# Lifestyle Intervention SWOT Analysis: Key Objective - Strengths

<u>Strengths / Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Broad representation reviewing tools	5	5	5
<b>S2.</b> Community Health Centers (education)	2	5	3.5
<b>S3.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS	2	4	3.0
<b>S4.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical	2	5	3.5
<b>S5.</b> MUSC, USC, HBCUs, Public Schools	2	5	3.5
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	3.5
<b>S7.</b> Community Development Corporation	2	5	3.5

# Lifestyle Intervention SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Suboptimal integration of resources across agencies	3	4	<b>3.5</b>
<b>W2.</b> Impatience (people want to see it now)	4	4	<b>4</b>
<b>W3.</b> Time consuming for group to deliver message to target audience	4	4	<b>4</b>

# Lifestyle Intervention SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> Identify new ideas and novel programs	3	5	4
<b>O2.</b> New ideas can lead to new funding	3	5	4
<b>O3.</b> Develop improved tools that are more effective	4	4	4
<b>O4.</b> The tools and approach have the potential to gain trust of everyone	4	5	4.5
<b>O5.</b> Opportunity to share effective tools	5	5	5

# Lifestyle Intervention SWOT Analysis: Key Objective - Threats

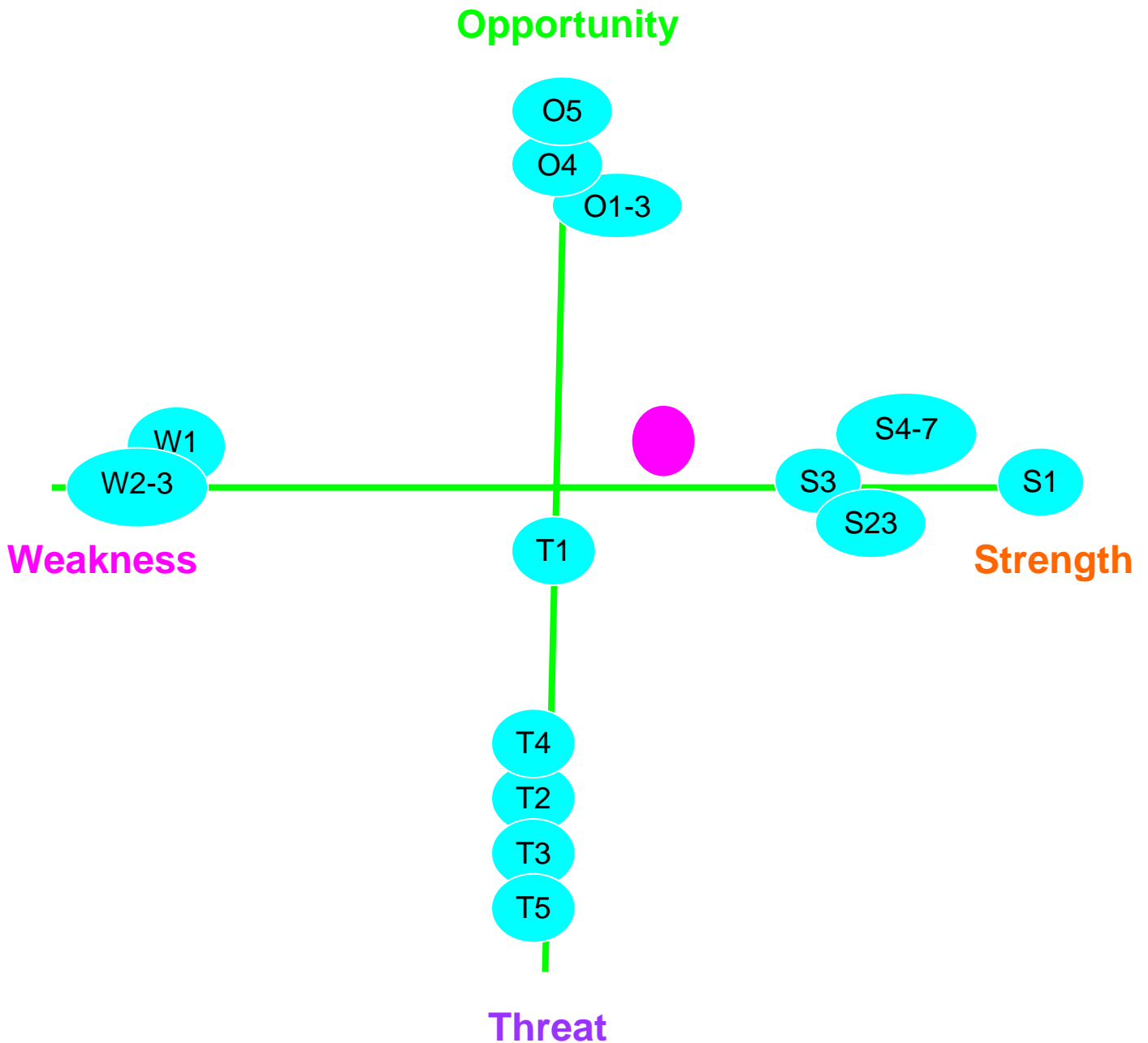
<u>Threats (external)</u>	<u>Likely Impact P+I / 2</u>		
<b>T1.</b> Loss of funding leads to potential lack of trust	1	1	1
<b>T2.</b> Lack of buy-in from the community	2	5	<b>3.5</b>
<b>T3.</b> Unresolved conflict due to unmet expectations	3	5	<b>4</b>
<b>T4.</b> Cannot satisfy everyone	3	3	<b>3</b>
<b>T5.</b> Very time consuming	5	5	<b>5</b>

# SWOT: Probability of Success

$S \& W = X = 1.4$

$O \& T = Y = 0.5$

Objective likely to succeed ●



# Notes



# Appendices



# Breakout Work Sheet

## Session I – January 28, 2005

### Lifestyle Intervention Group

**Lifestyle Intervention**, a. Nutrition, b. Exercise (develop sustainable cultural sensitive tools, tailor intervention for the community, select priorities, consider community expectations, develop an effective message regarding program's expectations, food and exercise forums/fairs, reasonable exercise program that include activities for all age group, create a budget, develop sustainable programs).

- I. **Group Members: Lifestyle Intervention**
- |   |                           |
|---|---------------------------|
| <p><b>a. Nutrition</b></p> <ol style="list-style-type: none"> <li>1. <b>Jeannette Jordan</b>    Resource Person</li> <li>2. <b>Charles Kilgore</b>    Facilitator</li> <li>3. Roberta Pinckney</li> <li>4. John Simkovich</li> <li>5. Carrie Houser James</li> <li>6. Karen Hill</li> <li>7. Cecil Diggs</li> <li>8. Leonard Davis</li> </ol> | <p><b>b. Exercise</b></p> |
|---|---------------------------|

**Assignment:**

1. Select a group leader and a recorder. (Group leader will facilitate discussion and report results)
  
2. Seek to determine the following:
  - a. Educational data or information lacking among African American population (focus)
  - b. Determine barriers to overcoming identified lacking (include how to determine cost)
  - c. Determine ways to overcome barriers
  - d. Determine ways to sustain alternative program
  
3. Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a. Which agency or group will be lead for implementation, b. What person will lead this program initiative, and c. List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

## Report Sheet (Pass in to Coordinator)

1. Select Group Leader and recorder: Charles Kilgore - Group Leader  
Carrie Houser James - Recorder
2. Seek to determine the following:
  - A. Educational data or information lacking among African American population (focus).
    1. Understanding of the relationship between lifestyle, health, and nutrition.
    2. Appreciation and value of health messages.

B. Determine barriers to addressing top two needs 9 (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Myths		
2. "Madison Ave" - Advertising		
3. Irrelevant Methodologies		
4. Disassociation from health message		
5. Overcoming habits		
6. Cultural values		

C. Determine ways to overcome barriers

Determine barriers	Identify current resources	Identify needed resources
1. Speaking at eh level of audience		
2. Dispelling myths not offending		
3. Reinforcement of behavior changes - - rewards		
4. Interaction ? education experience - - rewards		
5. Increase awareness of health lifestyle ??		
6.		

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Partnership with community agencies		
2.		
3.		
4.		
5.		
6.		

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- A. Education on hypertension and stroke

---



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\_\_\_\_\_

B. Early detection and referral for hypertension and stroke

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Promote healthy lifestyle

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Enhance B/P control to 70% of treated patients

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

\_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

# Lifestyle Intervention Work Sheet

## Session II – June 17, 2005

**Lifestyle Intervention:** a. Nutrition, b. Exercise (develop sustainable cultural sensitive tools, tailor intervention for the community, select priorities, consider community expectations, develop an effective message regarding program's expectations, food and exercise forums/fairs, reasonable exercise program that include activities for all age group, create a budget, develop sustainable programs).

### I. Group Members: Lifestyle Intervention

Jeannette Jordan	Resource Liaison
Charles Kilgore	Group Leader
Roberta Pinckney	
John Simkovich	
Carrie James	
Karen Hill	
Cecil Diggs	
Daniel Hoskins	Recorder

### Assignment:

1. Seek to determine the following:
  - a. Educational data or information lacking among African American population (focus)
  - b. Determine barriers to overcoming identified lacking (include how to determine cost)
  - c. Determine ways to overcome barriers identified in "b"
  - d. Determine ways to sustain alternative program
2. Identify how each of the four core objectives will be affected by this intervention(s).

Core Objectives:

  - a. Education on hypertension and stroke
  - b. Early detection and referral for hypertension and stroke
  - c. Promote healthy lifestyle
  - d. Enhance B/P control to 70% of treated patients

Determine: a.) Which agency or group will be lead for implementation, b.) What person will lead this program initiative, and c.) List barriers you see to moving forward.

## Report Sheet (Pass in to Coordinator)

Group Leader and Recorder: Charles Kilgore - Group Leader Daniel Hoskins - Recorder

Seek to determine the following:

- A. Educational data or information lacking among African American population (focus).
1. Understanding of the relationship between lifestyle, health, and good nutrition.
  2. The lack of appreciation and value of health messages

B. Determine barriers to addressing top two needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Deceptive "Madison Ave." advertising that lead to the formation of Myths, Habits, and values	1. One on one counseling Provider/patient. 2. Specialty Intercession (health education, literature, promotion) 3. Agencies (DHEC, SCPHCA, SCAHSA, etc.) 4. Research KAPB, clinical, basic (continuing)	1. Packaging of messages in different ways and in different places. 2. Flanking strategies (avoid head on attacks). 3. Messages of association with targeted theme
2. Traditional methodologies that have led to disassociation from health messages and messengers		

C. Determine ways to overcome barriers

Determine barriers to overcoming barriers determined in "B"	Identify current resources	Identify needed resources
1. Speaking on and to the concerns of audience	1. Media (all) 2. Community Health clinics and health care agencies (AHA, ALA, ACS, DHEC, etc.)	1. Better relationships with existing resource agencies. a. Business b. Health c. Research
2. Dispelling myths without offending	3. Local business. 4. Chamber of Commerce 5. Small businesses (mom & pop)	d. Advertisement e. Schools (public, private, preschool up)
3. Changing attitudes towards changing ones behavior - rewards (appropriate incentives)	6. Community health themes (special month programs) ie, Community of Character	
4. Interaction of educational experience - - rewards		
5. Increase awareness of the why of making health lifestyle choices		

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Partnering with community	1. Agencies (health and	1. Consideration of incentive

agencies (business, health, etc.)	business)	programs that provide motivation
2. Maximize involvement of the community in incentive offerings.	2. Community Health Centers.	2. Consideration of incentives that motivate, ie pharmacy discounts etc.
3. Employ offerings such as percentage rate reductions in insurances (health, auto, life		

Identify how each of the four core objectives will be affected by this intervention(s).

Core Objectives:

- A. Education on hypertension and stroke:  
May revolutionize methods used to education the public about the risks of hypertension, stroke and possibly other diseases
- B. Early detection and referral for hypertension and stroke:  
Incentive initiative should increase the frequency of early detection and sustain preventive practices.
- C. Promote healthy lifestyle  
Increased awareness and identification with the why of selected health care practices being promoted, should create greater personal involvement of individuals in maintaining the quality of their health
- D. Enhance B/P control to 70% of treated patients  
Should increase conscious effort to maintain control of BP, BMI, and screening practices.

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: It was recommended that:

- 1. Vorhees College be approached to establish a partnership in undertaking the implementation of these strategies. (Contact Leroy Davis, PhD. Tracking System)
- 2. SCSU in collaboration with Claflin University through its extension program be considered.
- 3. The Regional Medical Center of Orangeburg and Calhoun Counties, (Ms. Brenda Williams, Risk & Safety program also be considered.
- 4. That possibly a collaboration with all four institutions might be pursued.

Leaders Name: Charles Kilgore, MD

Barriers: Directives that may exist for current funds available (Vorhees College)

# Lifestyle Intervention

## Session III – August 12, 2005

### Goal

*Lifestyle Intervention Workgroup*

This workgroup focuses on promoting nutrition and physical activity.

### Objective

*Develop sustainable culturally-sensitive tools*

Develop sustainable culturally-sensitive tools to enhance adoption of healthy lifestyle themes in the community.

### Strategy

*Gather input from community, leadership team and research*

Develop tools based on input from the community, leadership team and tools with documented effectiveness. This will lead to better methods to inform the public about stroke prevention.

<b>Threat</b>	Likelihood: 2	Impact: 5
<i>Lack of buy in from the community with same message</i>		
<b>Weakness</b>	Likelihood: 3	Impact: 3
<i>Cannot satisfy everyone</i>		
<b>Threat</b>	Likelihood: 3	Impact: 5
<i>Unresolved conflict due to not meeting expectations</i>		
<b>Opportunity</b>	Likelihood: 4	Impact: 5
<i>New ideas can lead to new funding</i>		
<b>Threat</b>	Likelihood: 4	Impact: 4
<i>Loss of funding leads to potential lack of trust</i>		
<b>Strength</b>	Likelihood: 5	Impact: 5
<i>broad representation reviewing tools</i>		
<b>Strength</b>	Likelihood: 5	Impact: 5
<i>Has potential to gain trust of everyone</i>		
<b>Strength</b>	Likelihood: 5	Impact: 5
<i>Opportunity to share effective tools with everyone</i>		
<b>Weakness</b>	Likelihood: 5	Impact: 5
<i>Very time consuming</i>		
<b>Opportunity</b>	Likelihood: 5	Impact: 5
<i>Develop improved tools that are more effective</i>		
<b>Opportunity</b>	Likelihood: 5	Impact: 5
<i>Identify new ideas and novel programs</i>		



Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 4: Access to Care & Medications**

**Mission:** Assess barriers, create models and methods for addressing or removing barriers, identify resources for transportation and medication assistant programs, create resource manual, and create sustainable programs.

**Key Objective:** Identify and engage community resources that overcome barriers to affordability as well as lack of education, transportation, medical home, patient buy-in, and support systems.

**Strategy 1: Education and access to care**

- a. Define strategies to identify needs and address them
- b. Identify needs and resources to maximize access to a medical home, receive effective education, and support systems including transportation.

**Activities:**

- a. Coordinate alternative forms of transportation such as RTMA, Medicaid buses, church vans, car pools and family assistance, etc.
- b. Develop resource models. Appropriately identify and link medical and pharmaceutical resources to target communities Community Health Centers (CHCs) and free clinics, etc.
- c. Develop a resource manual. Identify CHCs, free clinics, local, county and federal administration prescription drug programs, drug companies, and other support services
- d. Improve information management and coordination to reduce inefficient use of resources and services.
- e. Improve communication and trust through continuing medical education, and ongoing in-service programs for all relevant community agencies
- f. Teach patients to be more assertive in the office setting regarding their need for stroke prevention and treatment through activities such as preparing questions before the visit and role modeling
- g. Help patient identify family members, neighbors, churches and other community resources to assist with transportation to appointments and to assist patients in understanding and implementing medical instructions
- h. Educate public on how to access and utilize drug resources, coordinate alternative services, utilize volunteers, teach providers or volunteers to repeat instructions, and use health ministries to educate patients about resources
- i. Educate elected officials regarding lack of access to prescription drugs and a medical home, hold community forums, etc.

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

Each item has three scores.

1. The first score indicates how likely it is that the item will come into play as you work to reach the key objective.
2. The second score indicates how much impact the item will have on your ability to reach the key objective.
3. The third score is an average of the other two.

### **Probability of Success: Interpreting the Graph**

The final graph shows your likelihood of success given the identified strengths, weaknesses, opportunities and threats and their estimated impact.

The center of the graph where both lines cross is '0' or 'no impact'. The end of each arm is '5' or 'strong impact'.

Each strength, weakness, opportunity and threat is represented by a numbered blue dot placed on the appropriate arm of the graph at the location of its average score.

Strengths and weaknesses pull against each other on the horizontal or 'X' arm of the graph.

Opportunities and threats pull against each other on the vertical or 'Y' arm of the graph.

The averages for the horizontal (X) and vertical (Y) arms are written in the top left corner and determine the location of the pink dot.

The pink dot indicates how likely your key objective is to succeed. If the pink dot is well into the upper right quadrant of the graph (between strengths and opportunities), you are highly likely to succeed in reaching your objective.

If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# Stroke Belt Elimination Initiative

## Access to Care & Meds: Workgroup 4

### Key Objective

Identify and engage community resources that overcome barriers to affordability as well as lack of education, transportation, medical home, patient buy-in, and support systems.

# Access to Care & Meds SWOT Analysis: Key Objective - Strengths

<u>Strengths / Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Comprehensive in approach	3	5	4
<b>S2.</b> Community health centers, free clinics, local county, state & federal administration	4	5	4.5
<b>S3.</b> Prescription drug programs and resource utilization guides	4	5	4.5
<b>S4.</b> Transportation resources (i.e., RTMA, church vans etc.)	2	5	3.5

# Access to Care and Meds SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Lack of specificity in how to implement activities	3	4	3.5
<b>W2.</b> Time consuming for group to deliver resource guides to target audience	3	3	3
<b>W3.</b> Overcome territorial issues and trust	4	5	4.5

# Access to Care and Meds SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> Public school clinics	2	5	3.5
<b>O2.</b> Develop coordinated system that works	3	5	4
<b>O3.</b> Improve dialogue among agencies, officials, etc.	3	5	4
<b>O4.</b> Coordinated, effective system produces most benefit	3	5	4
<b>O5.</b> Potential to improve access to care and meds for all	3	5	4

# Access to Care and Meds SWOT Analysis: Key Objective - Threats

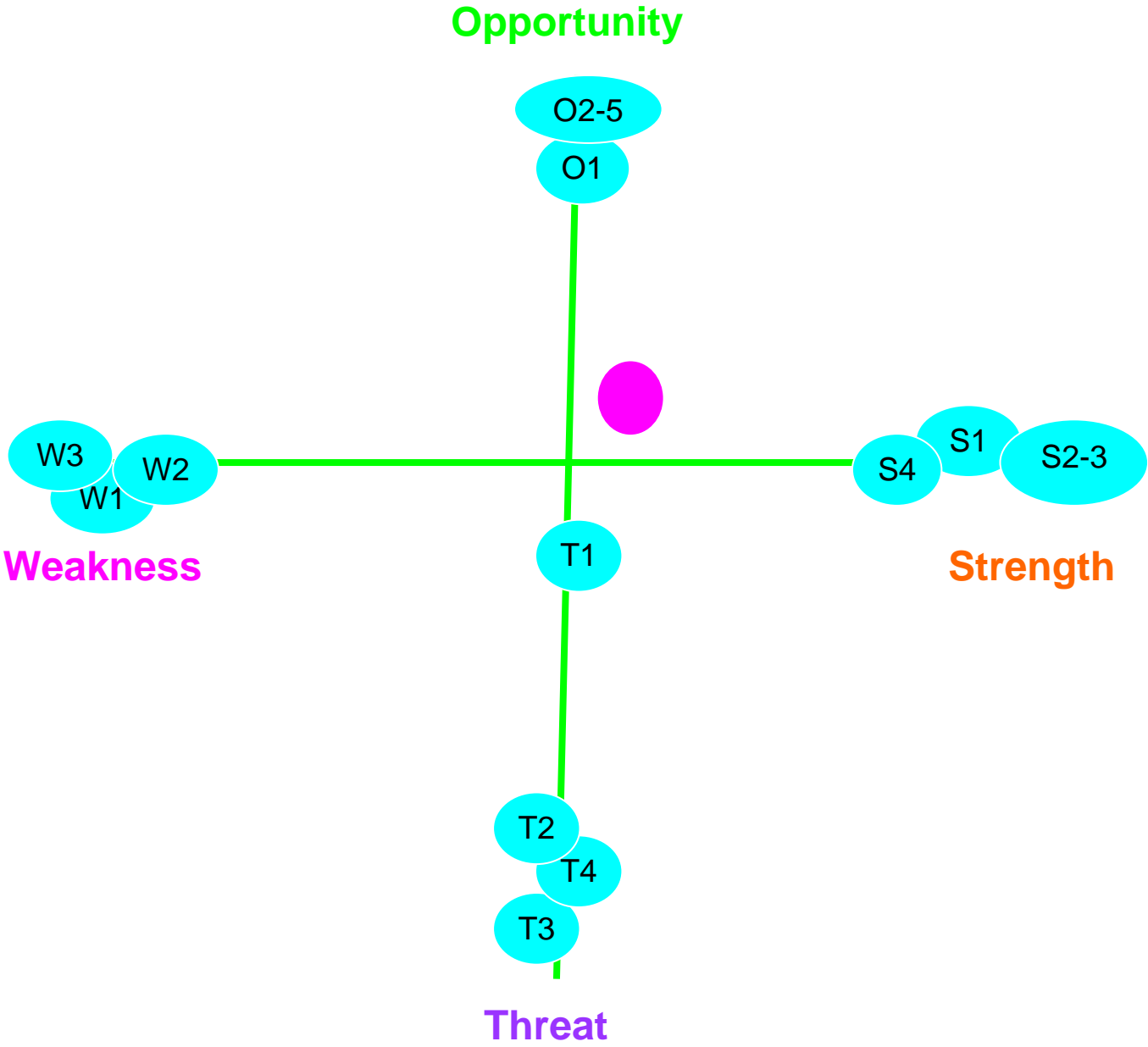
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Further cuts in grant budget	1	2	<b>1.5</b>
<b>T2.</b> Lack of buy in from the community	2	5	<b>3.5</b>
<b>T3.</b> Factors required for an effective medical home not met (i.e. transportation, health literacy, policies, etc)	3	5	<b>4</b>
<b>T4.</b> Suboptimal patient/provider relationship	3	4	<b>3.5</b>

# SWOT: Probability of Success

$S \ \& \ W = X = 0.9$

$O \ \& \ T = Y = 0.5$

Objective likely to succeed ●



# Notes



# Appendices



# Breakout Work Sheet

## Session I – January 28, 2005

### Access to Care and Medication

**Access to care and medications** (assess barriers, create models and methods for addressing or removing barriers, identify resources for transportation and medication assistant programs, create resource manual for quad-county, and create sustainable programs).

**II. Group Members: Access to Care and Medication(s)**

- |                       |                 |
|-----------------------|-----------------|
| 1. Priscilla Brantley | Facilitator     |
| 2. Casey Fitts, MD    |                 |
| 3. Steve Squadron     |                 |
| 4. Ronald Ravenell    |                 |
| 5. Reba Hough Martin  | Resource Person |

**Assignment:**

1. Select a group leader and a recorder. (Group leader will facilitate discussion and report results)
2. Seek to determine the following:
  - a. Identify top 3 compliance needs regarding access to care and medication (focus: what are African American's not doing that adversely affect their health care outcome)
  - b. Determine barriers to African American's compliance (include how to determine cost of implementing recommendations)
  - c. Determine ways to overcome barriers.
  - d. Determine ways to sustain alternative program
3. Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a. Which agency or group will be lead for implementation, b. What person will lead this program initiative, and c. List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		



5. Pt buying in/fatalism	Simplify instructions	
6. Support system	Family , comm., churches	
7.		

D. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Encourage community and church resources		
2.		
3.		

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

A. Education on hypertension and stroke

Increase awareness, medical professional, patients + communities, assessment of services available + increase coord of these services

B. Early detection and referral for hypertension and stroke

Early detection  
Prevention

C. Promote healthy lifestyle

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D. Enhance B/P control to 70% of treated patients

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Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

**Eval: surveys**

Be able to id target group

Baseline thru surveys

Able to quantify (# ER visits)

Increase focus on schools having to do community services

Incorp outreach into schools

# Access to Care and Medications

## Session II – June 17, 2005

**Access to care and medications** (assess barriers, create models and methods for addressing or removing barriers, identify resources for transportation and medication assistant programs, create resource manual for quad-county, and create sustainable programs).

### I. Group Members: Access to Care and Medication(s)

<b>Priscilla Brantley</b>	<b>Group Leader</b>
Casey Fitts, MD	
Steve Squadron	
Ronald Ravenell	
Reba Hough Martin	
Pam Mazyck	
Gardenia Young	
Rosa Snipes	
Jimetta Martin	
<b>Daniel Hoskins</b>	<b>Recorder</b>
<b>Sheryl Mack</b>	<b>Resource Liaison</b>

### Assignment:

1. Seek to determine the following:
  - a. Identify top 3 compliance needs regarding access to care and medication (focus: what are African American's not doing that adversely affect their health care outcome)
  - b. Determine barriers to African American's compliance (include how to determine cost of implementation)
  - c. Determine ways to overcome barriers identified in "b".
  - d. Determine ways to sustain alternative program
2. Identify how each of the four core objectives will be affected by this intervention(s).

### Core Objectives:

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a.) Which agency or group will be lead for implementation, b.) What person will lead this program initiative, and c.) List barriers you see to moving forward.

## Report Sheet (Pass in to Coordinator)

Group Leader and Recorder: Priscilla Brantley - Group Leader     Daniel Hoskins - Recorder

Seek to determine the following:

Top 3 compliance needs regarding access to care and medication (focus - what are African Americans not doing that adversely affect their health care outcome)

1. Lack of regular care (preventive, detection, and routine follow-up)
2. Not taking medications regular (affordability, perception of continuous need)
3. Life styles (exercise, diet, etc.)

A. Determine barriers to addressing top three needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Affordability	Comm health ctrs, free clinics, local, county, state and federal administration, prescription drug program	1. Improve coord and org (to reduce replication of services and use of resources. 2. Increase clearer communication and trust.
2. Lack of education, patient, public, and health care providers (all)	Providers (all) continuing medical education – tap into existing agency resources ie, culture competency models–increase sensitivity to cultural needs. All public and private health agencies, social service agencies, and school systems (public, private, medical.	Cultural competency, increase use of samples health fairs, speakers bureau, encourage questions (patient assertiveness) Speakers develop success models
3. Transportation	Medicaid transportation, RTMA	More efficient system, alternative transportation systems
4. Not having medical home	Providers, com hlt ctrs, free clinics	Develop clearing house to improve coordination of resources
5. Pt buying into process	Family / com / providers	Bring family member to appointment, Repeat instructions, Simplify instructions
6. Lack of support system	Family / com / providers	Churches / community, positive health role models, increase efficiency of church health ministries.

B. Determine ways to overcome barriers

Determine barriers to overcoming barriers determined in "B"	Identify current resources	Identify needed resources
1. Territorial issues and lack of trust	Prescription drug prog, comm. hlt. Ctrl, medication assist prog. Funding sources (private, state and federal)	Coord access to info, educate in utilizing drug resources
2. Resistance to curricula inclusion and sharing of time established by educators	Com + church vans- -car pool. Expander mobile health services	Coord alternate services utilizing volunteers
3. Lack of will to bring about change in methods and techniques	Schools, family, comm., providers, and media (all)	Health educators, repeat instructions, make sure pt. understand education tools - encourage to ask questions - improve quality and efficiency of hlt ministries - dev speakers bureau, be persistent, expand media relations, incorporate exercise prog
4. Resistance to implementation of different organization techniques and lack of funding for new methods and techniques, with public and legislative support.	Providers, nurses, health education	
5. continuous repackaging of education and service messages for public consumption	Simplify instructions	
6. Moving current media (all) to include needed messages	Family, comm., churches	

C. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Refocusing the publics concerns (to identify and call for some form of access to care for all)		
2. Increasing will to coordinate and collaborate more effective among agencies and workgroups.		
3. Tracking of strategies development and outcome		
4. Development of refocused political will leading to a reallocation of current funding and the allocation of new funding.		

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

A. Education on hypertension and stroke

Increase awareness, providers, patients + communities, assessment of services available + increase coord of these services

B. Early detection and referral for hypertension and stroke

Increase awareness, providers, patients + communities, assessment of services available + increase coord of these services.

C. Promote healthy lifestyle

Increase awareness, providers, patients + communities, assessment of services available + increase coord of these services

D. Enhance B/P control to 70% of treated patients

Increase awareness, providers, patients + communities, assessment of services available + increase coord of these services

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: Organize a coalition of selected agencies with support of SBEICAT

Leaders Name: Priscilla Brantley

Barriers:

**Evaluation: surveys**

Be able to id target group

Baseline thru surveys

Able to quantify (# ER visits)

Increase focus on schools having to do community services

Incorporate outreach into schools.

# Access to Care and Medications

## Session III – August 12, 2005

### Goal

*Access to Care and Medications Workgroup*

Assess barriers, create models and methods for addressing or removing barriers, identify resources for transportation and medication assistant programs, create resource manual, and create sustainable programs.

### Objective

*Identify community resources that address barriers.*

Identify and engage community resources that overcome barriers to affordability, lack of education for all, transportation, no medical home, no patient buy-in, and lack of support systems.

### Strategy

*Identify strategies to identify needs and address them*

Identify needs and resources to maximize access to a medical home, receive effective education, and support systems including transportation.

<b>Threat</b> <i>Further cuts in grant budget</i>	Likelihood: 1	Impact: 2
<b>Threat</b> <i>Lack of buyin from the community</i>	Likelihood: 2	Impact: 5
<b>Strength</b> <i>Potential to improve access to care and to meds. for all</i>	Likelihood: 3	Impact: 5
<b>Weakness</b> <i>Lack of specificity in how to implement activities</i>	Likelihood: 3	Impact: 4
<b>Opportunity</b> <i>Improve dialogue among agencies, officials, etc.</i>	Likelihood: 3	Impact: 5
<b>Threat</b> <i>Poor economy leads to fewer resources</i>	Likelihood: 3	Impact: 5
<b>Opportunity</b> <i>Coordinated, effective system produces most benefit</i>	Likelihood: 3	Impact: 5
<b>Threat</b> <i>Overcome territorial issues and trust</i>	Likelihood: 4	Impact: 5
<b>Opportunity</b> <i>Develop a coordinated system that works</i>	Likelihood: 4	Impact: 5
<b>Strength</b> <i>Comprehensive in approach</i>	Likelihood: 5	Impact: 5
<b>Weakness</b> <i>Lack of resources in grant</i>	Likelihood: 5	Impact: 5

# Stroke Belt Elimination Initiative Community Action Team Plan **Workgroup 5: Advocacy**

**Mission:** Serve as a liaison and advocate for the community as it organizes to obtain information and direction to build sustainable systems of care.

**Key Objective:** Form a central group for Berkeley, Charleston, Dorchester and Orangeburg Counties to develop and disseminate clear and consistent health-related messages to the community.

## **Strategy 1: Education**

- a. Promote consistent and clear messages as one strategy to empower the community to adopt healthy lifestyles.

### **Activities:**

- a. Identify informed personnel to be active in programs developed by the community, for example health fairs, forums, etc. Include athletes, coaches, band directors, teachers, decision-makers, etc.
- b. Advocate for appropriate educational tools and other resources
- c. Work with community groups to insure the availability of educational tools and other resources.
- d. Identify locations for distributing information on resources

## **Strategy 2: Coordination of Educational Messages**

- a. Chairs of all workgroups work together to develop a speaker's bureau and special educational messages through talking points from each group
- b. Maximize efforts to get accurate and culturally sensitive messages to all interested parties.

### **Activities:**

- a. Participate in American Stroke Association "train the trainer", "speak out to end stroke", "power to end stroke", etc. campaigns.
- b. Work with SC DHEC, Greater Columbia Literacy Council, American Stroke Association, SC Primary Health Care Association, Department of Social Services, SC Association of Human Services Agencies, Community Development Corporations, SC American Heart Association, SC Department of Education, and others.

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
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4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

Each item has three scores.

1. The first score indicates how likely it is that the item will come into play as you work to reach the key objective.
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### **Probability of Success: Interpreting the Graph**

The final graph shows your likelihood of success given the identified strengths, weaknesses, opportunities and threats and their estimated impact.

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If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# Stroke Belt Elimination Initiative Advocacy: Workgroup 5

## Key Objective

Form a central group for Berkeley, Charleston, Dorchester, and Orangeburg Counties to develop and disseminate clear and consistent health-related messages to the community.

# Advocacy SWOT Analysis: Key Objective - Strengths

<u>Strengths/Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Evaluation of trust strengthens program missions	4	5	4.5
<b>S2.</b> Continuous improvement adds value	5	5	5
<b>S3.</b> Community Health Centers (education)	2	5	3.5
<b>S4.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS,	2	4	3.0
<b>S5.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical, Chambers of Commerce	2	5	3.5
<b>S6.</b> MUSC, USC, HBCUs, Public Schools	2	5	3.5
<b>S7.</b> Churches (current program incl. Heart & Soul, Parish Nurses, Health-E-AME)	2	5	3.5
<b>S8.</b> Community Development Corporations	2	5	3.5

# Advocacy SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Requires large commitment of time and effort	3	3	3
<b>W2.</b> Difficulty agreeing on clear messages	2	4	3

# Advocacy SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> Promotes ownership of stakeholders	3	4	<b>3.5</b>
<b>O2.</b> Dialogue among diverse opinions yields stronger ties	4	5	<b>4.5</b>
<b>O3.</b> SC Department of Education, Rural Health Coalition	4	4	<b>4</b>
<b>O4.</b> Media partnerships	5	5	<b>5</b>
<b>O5.</b> Recruit businesses for work site health promotion	2	4	<b>3</b>
<b>O6.</b> Recruit businesses for community health promotion	2	4	<b>3</b>

# Advocacy SWOT Analysis: Key Objective - Threats

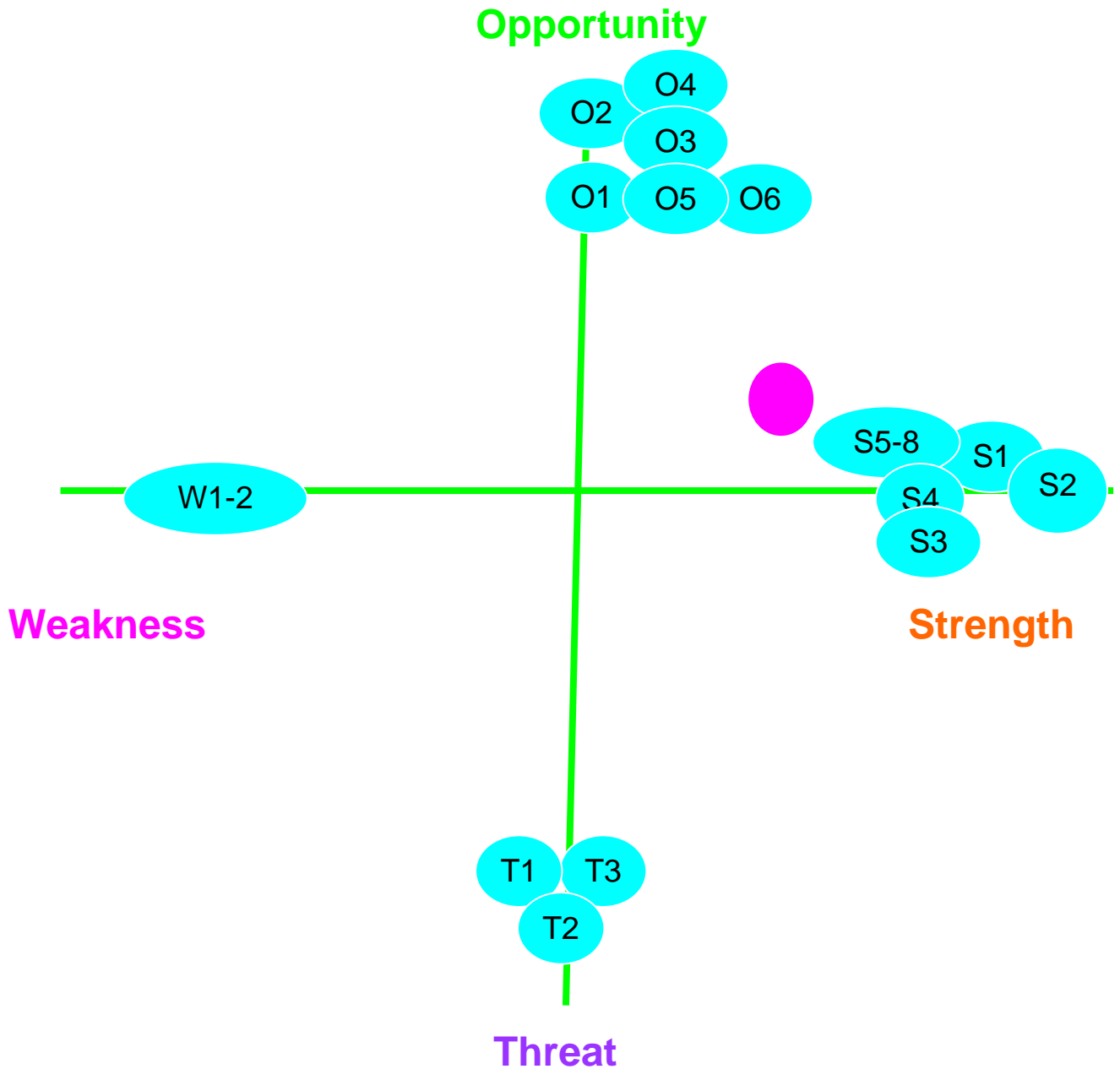
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Lack of community interest and leaders	3	3	<b>3</b>
<b>T2.</b> Lack of resources needed to implement activities	3	4	<b>3.5</b>
<b>T3.</b> Lack of sustainable funding threatens all activities	2	4	<b>3</b>

# SWOT: Probability of Success

S & W = X = 2.4

O & T = Y = 1.4

Objective likely to succeed



# Notes



# Appendices



# Breakout Work Sheet

## Session I – January 28, 2005

### Advocacy Group

**Advocacy Issues:** (work with community leaders to identify barriers that are prevalent, assist in organizing community, provide information, direction, address needs, serve as liaison and advocate for community, seek support, and build sustainable network. Some examples are limited emergency services in rural areas, dialysis patients that have to travel 50 miles round trip without adequate dependable service, lack of physical education and poor nutrition in schools, etc.).

#### Group Members: Advocacy Issues

- |                         |                         |
|-------------------------|-------------------------|
| 1. Barbara Brooks       |                         |
| 2. Cecil Diggs          |                         |
| 3. <b>Donna Jordan</b>  | <b>Resource Liaison</b> |
| 4. Arthur Kennedy, MD   |                         |
| 5. Lee H. Moultrie, II  |                         |
| 6. <b>Andre Stanley</b> | <b>Facilitator</b>      |
| 7. Calvin Wright        |                         |

#### Assignment:

1. Select a group leader and a recorder. (Group leader will facilitate discussion and report results)
2. Seek to determine the following:
  - a. Top 3 type forums to develop or tag onto as advocates (focus)
  - b. Determine barriers to establishing or tagging onto top 3 forums (include how to determine cost)
  - c. Determine ways to overcome barriers
  - d. Determine ways to sustain alternative program
3. Identify how each of the four core objectives will be affected by this intervention(s).

#### Core Objectives:

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a. Which agency or group will be lead for implementation, b. What person will lead this program initiative, and c. List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

## Report Sheet (Pass in to Coordinator)

Select Group Leader and recorder: **Andre Stanley** - Group Leader  
**Donna Jordan** - Recorder

Seek to determine the following:

1. Top 3 type forums to develop or tag onto as advocates (focus)
2. Clear message - Central message
3. Target message
4. Train messengers

### A. Determine barriers to addressing top three needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Health illiteracy		Programs for illieracy
2. Not enough trainers		Train the trainers program
3. Cultural incompetence		Cultural sensitivity programs
4. Lack of medical home		Identify medical home
5. Lack of education		Educational programs
6.		

### B. Determine ways to overcome barriers

Determine barriers	Identify current resources	Identify needed resources
1.		
2.		
3.		
4.		
5.		
6.		

### C. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Money/programs not kept in community once begun		Money in community (keeping money/programs in community)
2. Health messages not getting to the community good enough		Health message on public transportation
3. Classes exit not attractive enough - - to gain excitement		Educational classes
4. Not enough key community leaders involved	Chamber of Commerce, businesses,	Involve athletes, coaches, band directors, teachers, etc
5. Mom and pop stores, barber shops/beauty parlors	Mom and pop stores, barber shops/beauty parlor	Get information to these places, directly

Identify how each of the four core objectives will be affected by this intervention(s).

#### Core Objectives:

- A. Education on hypertension and stroke

Advocate through health care providers. Educate at state and local government. Create web site, how to books on advocacy training. Advocacy groups need to be in the 4 counties.

- B. Early detection and referral for hypertension and stroke  
Educate early, start with youth.
- C. Promote healthy lifestyle  
Promote through media, PSAs, public relations.
- D. Enhance B/P control to 70% of treated patients

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Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency: \_\_\_\_\_

Leaders Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barriers: \_\_\_\_\_

Intervention	Current Resources	New Needed Resources
1.		
2.		
3.		

# Advocacy Issues Work Sheet

## Session II – June 17, 2005

**Advocacy Issues:** (work with community leaders to identify barriers that are prevalent, assist in organizing community, provide information, direction, address needs, serve as liaison and advocate for community, seek support, and build sustainable network. Some examples are limited emergency services in rural areas, dialysis patients that have to travel 50 miles round trip without adequate dependable service, lack of physical education and poor nutrition in schools, etc.)

### I. Group Members: Advocacy Issues:

Barbara Brooks	
Donna Jordan	Resource Liaison
Arthur Kennedy	
Lee H. Moultrie, II	
<b>Andre Stanley</b>	<b>Group Leader</b>
Calvin Wright	
<b>Daniel Hoskins</b>	<b>Recorder</b>
Brent Egan	

### Assignment:

1. Seek to determine the following:
  - a. Top 3 type forums to develop or tag onto as advocates (focus)
  - b. Determine barriers to establishing or tagging onto top 3 forums (include how to determine cost)
  - c. Determine ways to overcome barriers identified in "b"
  - d. Determine ways to sustain alternative program
2. Identify how each of the four core objectives will be affected by this intervention(s).

### Core Objectives:

- a. Education on hypertension and stroke
- b. Early detection and referral for hypertension and stroke
- c. Promote healthy lifestyle
- d. Enhance B/P control to 70% of treated patients

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

## Report Sheet (Pass in to Coordinator)

Group Leader and Recorder: Andre Stanley - Group Leader    Daniel Hoskins - Recorder

Seek to determine the following:

1. Top 3 type forums to develop or tag onto as advocates (focus)
2. Clear message - central message (permanent group, firm, agency that serve as central clearing house)
3. Targeted messages – (speakers bureau and special media that specializes in targeted educational messages)
4. Strategy for measuring effectiveness of advocacy efforts in removing health related barriers.

A. Determine barriers to addressing top three needs (include how to determine cost)

Determine barriers	Identify current resources	Identify needed resources
1. Health illiteracy (lack of knowledge by general population)	DHEC, Greater Columbia Literacy Council, SC Stroke Assoc, Rural Health Coalition, SCPHCA, SCAHSA, SCHSA, DSS, SC Dept of Educ. etc.	<b>Programs for illiteracy</b>
2. Not being done on a local level with sufficient effectiveness		Train the trainers program
3. Cultural incompetence (health care system)		Cultural sensitivity programs
4. Lack of medical home		Identify medical home (Clearing house for people to find affordable health care, some form of universal health care system.
5. Lack of education, materials, appropriate message, lack of adequate funding (resistance to targeted/consistent holistic messages and messengers)		
6. Poverty (the group most affected – Lack of lobbyist for stroke concerns (direct or indirect)		

B. Determine ways to overcome barriers

Determine barriers to overcoming barriers determined in "B"	Identify current resources	Identify needed resources
1. Apathy (on part of the public and policy makers)	All of the above plus; local, county, and state legislators, and university systems.	1. Privately funded resources. 2. Establishment of an Intelligence Czar 3. Establishment of an advocacy pulpit that constantly bring focus to the message
2. Knowledgeable people to draw from (to few and lack of funding to support)		
3. Lack of identification with cultural incompetence		
4. Competing and conflicting agendas (who will be hurt)		
5. Lack of comprehension of the problem by the public		

C. Determine ways to sustain alternative program

Determine barriers	Identify current resources	Identify needed resources
1. Money/programs not kept in community once begun (Sustainable funding source controlled by the "Czar"	All of the above plus; of Chamber of Commerce, businesses	Money in community (keeping money/programs in community) National commitment by established law
2. Permanent infrastructure for health initiative		Permanent use of special media and speakers bureau
3. Not enough key community leaders involved and concerned at the appropriate level		Expand use of athletes, coaches, band directors, teachers, etc
4.		Get information into divers places, directly and consistently

Identify how each of the four core objectives will be affected by this intervention(s).

**Core Objectives:**

- A. Education on hypertension and stroke  
Will create advocacy through health care providers. Educate and sensitize state and local government officials.
- B. Early detection and referral for hypertension and stroke  
Remove barriers to Educating early, increase ability and incentive to provide quality health care for youth.
- C. Promote healthy lifestyle  
Promoting through media, PSAs, public relations, with support of the Health care system and all levels of government sets a caring environment creating pride in self health
- D. Enhance B/P control to 70% of treated patients  
Direct result of implementing a caring health care system.

Determine: a). Which agency or group will be lead for implementation, b). What person will lead this program initiative, and c). List barriers you see to moving forward.

Agency must be created: (suggested coalition leaders: 1. Calvin Wright 2. Lathran Woodard 3. Ronald Ravenell)

- 1. SC Stroke Association?
- 2. Catholic Charities
- 3. Sisters of Charity
- 4. United Methodist Church.
- 5. Catholic Church
- 6. American Indian agency?

Leader: Andre Stanley

Barriers: Time and how to establish

# Advocacy Workgroup

## Session III – August 12, 2005

### Mission

#### *Advocacy Workgroup*

Assist in organizing the community, provide information and direction, and serve as liaison and advocates for community as they build sustainable systems of care.

### Objective

#### *Form a central group to act as clearing house*

Form a central group for the 4 counties to act to maintain clear messages to the community.

#### Strategy

##### *Promote consistent and clear messages*

Promote consistent and clear messages as one strategy to empower the community to adopt healthy lifestyles.

#### Activity

Start Date:

End Date:

##### *Identify informed personnel to be active in the community*

Identify informed personnel to be active in programs developed by the community, for example health fairs, forums, etc. Include athletes, coaches, band directors, teachers, etc.

#### Activity

Start Date: 2/1/2006

End Date: 12/31/2006

##### *Advocate for appropriate educational tools and other resources*

Work with community groups to insure the availability of educational tools and other resources.

Identify locations for distributing information on resources.

### Objective

#### *Coordinate with all other workgroups*

Chairs of all workgroups work together to develop a speakers bureau and special educational messages through talking points from each group.

#### Strategy

##### *Maximize efforts through coordination with others*

Maximize efforts to get accurate and culturally sensitive messages to all interested parties.

#### Activity

Start Date: 2/15/2006

End Date: 12/31/2006

##### *Participate in established programs*

Participate in ASA, train the trainer and speak out to end stroke programs.

#### Activity

Start Date: 3/1/2006

End Date: 3/1/2007

##### *Work with others to maximize health literacy*

Work with DHEC, Greater Columbia Literacy Council, Stroke Association, SCPHCA, DSS, SCAHSA, SCHSA, SC Dept. of Education, and others